

**CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

Date of Visit: 1/27/20

**Contractor Personnel on Site:**

1. PHIL

2. Tim Gauvin

### Work Performed:

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)  
Service Orders - 65573191

CS 23186 WO 6506

Asset #	Qty	Asset Description
		BMS NOT WORKING HEATING SYSTEM NOT WORKING
		RESET ALL ACTUATORS & CONTROLS TO WORK MANUALLY
		CHECK ALL SEASONS AND VFD CONTROLS
		EX-PAGE AND CHANGE SET POINTS
		CHIME FAULTS

CERTIFICATION OF WORK

To be signed by the Contractor:

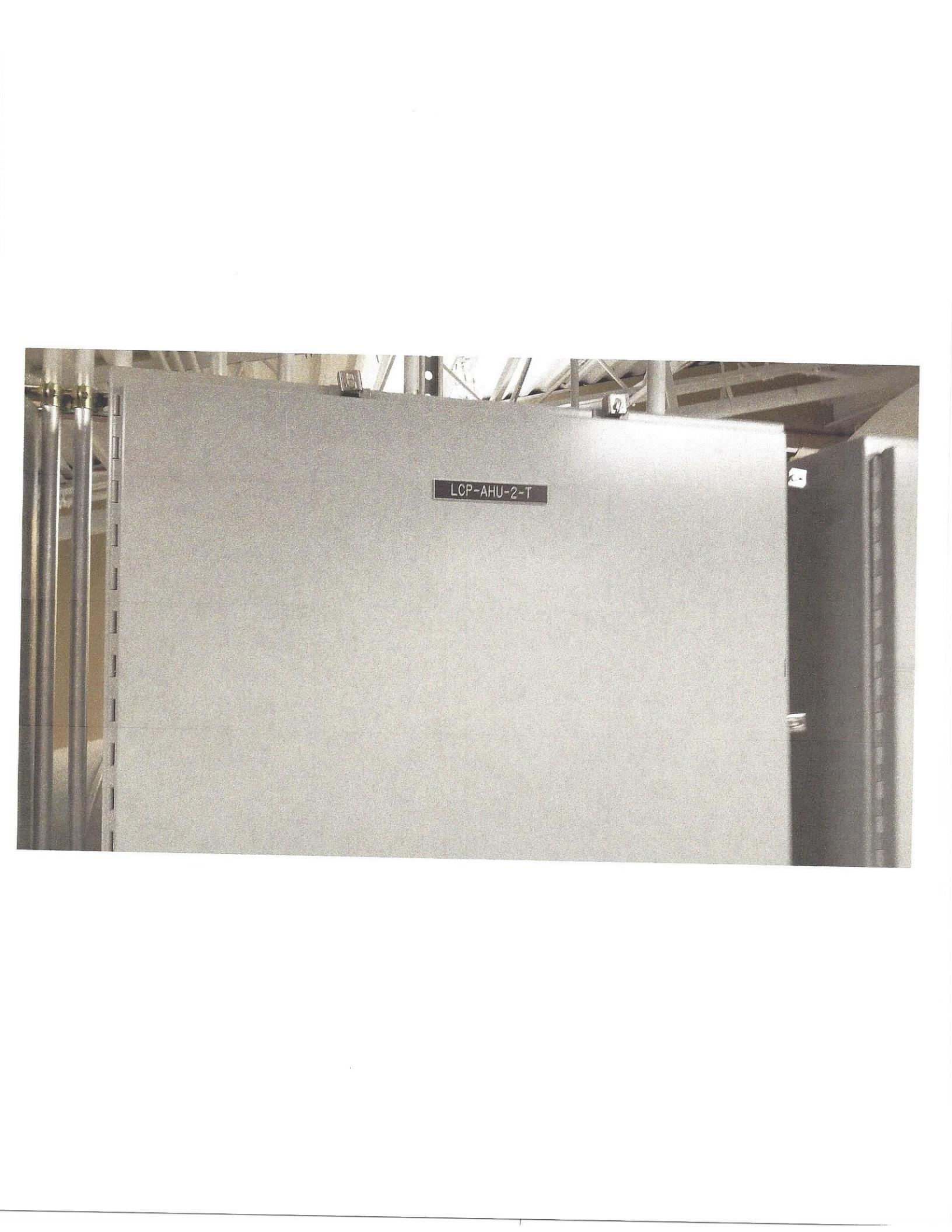
Print Name: John. M. Smith

Signed: John Date: 1/22/20

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Robert Penney Date: 1/27/20  
Signed: Robert Penney  
E-Mail: \_\_\_\_\_



LCP-AHU-2-T



### Electric Shock Hazard

Can cause severe personal injury or death

**Turn off electrical power before removing this panel.**

**Service must be performed by a qualified service person.**

HRU-1-T

